

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/547441

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	8		1			
5	8		1			
6	8		1			
7	8		1			
8	8		1			
9	3		1			
10	3		1			
11	3		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	2		1			
17	4		1			
18	1		1			
19	1		1			
20	1		1			
21	3		1			
22	6		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	2		1			
32	4		1			
33	7		1			
34	6		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	8		1			
42	1		1			
43	8		1			
44	8		1			
45	6		1			
46	6		1			
47	1		1			
48	1		1			
49	1		1			
50	8		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↑		↑	↑	↑	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		6		1		
53		8		1		
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97						
98						
99						
100						
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	77	↑	52	↑		↑
TOTAL CLAIMS	78		53			